

Case Number:	CM15-0216940		
Date Assigned:	11/06/2015	Date of Injury:	10/07/2014
Decision Date:	12/18/2015	UR Denial Date:	10/28/2015
Priority:	Standard	Application Received:	11/04/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 72-year-old female who sustained an industrial injury on 10-7-2014 and has been treated for left pubic ramus fracture, mild head trauma, history of fall, right thigh pain, osteoporosis, and possible anxiety and or depression. Unspecified diagnostic electrodiagnostic tests are noted as "normal." An emergency room CT scan of the brain is referenced from the date of injury as being "negative." On 10-15-2015 the injured worker reported headaches, dizzy spells, and that she has a "compensating injury" of her right inner thigh. She reported pain with a VAS rating of 5-6 out of 10, and that it is constant. She stated she feels tenderness to palpation at the upper right thigh. A letter was provided by the injured worker with the 10-15-2015 date where she reported concerns with problem-solving and organizational skills, and "trouble comprehending some things"; daily headaches; and that after sitting her pain "escalates" and it takes 40 steps before her walk "looks sort of normal." She also discussed difficulty with stairs. Objective findings include "slightly limited" range of motion of both hips, and the physician noted that the injured worker was tearful and expressing "dissatisfaction." Documented treatment includes at least 37 physical therapy visits, orthopedic and neurologic consultations, and medication. The treating physician's plan of care includes a request submitted 10-15-2015 for evaluations with a psychiatrist and neurologist related to the injured worker's head, which were both denied on 10-25-2015. The injured worker is not presently working.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Evaluation with a psychiatrist: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine, Chapter 7, Page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7: Independent Medical Examinations and Consultations, p127.

Decision rationale: The claimant has a history of a work injury occurring in October 2014 when, while working as a Preschool Director, she fell and sustained a minimally displaced fracture of the left inferior pubic ramus. She was seen by the requesting provider on 10/15/15. Treatments had included 37 physical therapy sessions. She was requesting treatment for her head injury and referred to a brain injury. She had been seen in an Emergency Room on or about the date of injury and a CT scan had been negative. There had been a normal neurological examination. She had previously been seen by a neurologist who had noted mild head trauma. She had been seen in an Emergency Room at or about the time of injury and a CT scan of the brain and her neurological examination had been negative. She expressed dissatisfaction with her previous treatments. She was requesting a handicap parking placard. Physical examination findings included being tearful. She had pain rated at 5-6/10. She had an awkward and stiff gait which was not antalgic. She had right upper medial thigh soft tissue tenderness. There was slightly limited hip range of motion bilaterally. Authorization was requested for an evaluation with a psychiatrist and neurology consultation. Guidelines recommend consideration of a consultation if clarification of the situation is necessary. In this case, a non-organic component to the claimant's chronic pain is suspected. She claims to have sustained a brain injury and possible anxiety and/or depression is given as the reason for the request. A psychiatrist would be expected to be able to evaluate the claimant for all of these concerns. The requested evaluation is medically necessary.

Consultation with a neurologist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine, Chapter 7, Page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7: Independent Medical Examinations and Consultations, p127.

Decision rationale: The claimant has a history of a work injury occurring in October 2014 when, while working as a Preschool Director, she fell and sustained a minimally displaced

fracture of the left inferior pubic ramus. She was seen by the requesting provider on 10/15/15. Treatments had included 37 physical therapy sessions. She was requesting treatment for her head injury and referred to a brain injury. She had been seen in an Emergency Room on or about the date of injury and a CT scan had been negative. There had been a normal neurological examination. She had previously been seen by a neurologist who had noted mild head trauma. She had been seen in an Emergency Room at or about the time of injury and a CT scan of the brain and her neurological examination had been negative. She expressed dissatisfaction with her previous treatments. She was requesting a handicap parking placard. Physical examination findings included being tearful. She had pain rated at 5-6/10. She had an awkward and stiff gait which was not antalgic. She had right upper medial thigh soft tissue tenderness. There was slightly limited hip range of motion bilaterally. Authorization was requested for an evaluation with a psychiatrist and neurology consultation. Guidelines recommend consideration of a consultation if clarification of the situation is necessary. In this case, the claimant has already had a neurology evaluation and was seen in an Emergency Room and found to have a normal head CT and neurological examination. Another neurological consultation is not medically necessary.